

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 536973

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | | 1 | | | | |
| 6 | | 1 | | | | |
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| 8 | | 1 | | | | |
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| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | | 1 | | | | |
| 13 | 1 | | | | | |
| 14 | | 1 | | | | |
| 15 | | 1 | | | | |
| 16 | | 1 | | | | |
| 17 | | 1 | | | | |
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| 20 | 1 | | | | | |
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| 34 | 1 | | | | | |
| 35 | | 1 | | | | |
| 36 | | 1 | | | | |
| 37 | | 1 | | | | |
| 38 | | 1 | | | | |
| 39 | | 1 | | | | |
| 40 | | 1 | | | | |
| 41 | 1 | | | | | |
| 42 | 1 | | | | | |
| 43 | | 2 | | | | |
| 44 | | 2 | | | | |
| 45 | | 2 | | | | |
| 46 | 1 | | | | | |
| 47 | | 1 | | | | |
| 48 | | 1 | | | | |
| 49 | | 1 | | | | |
| 50 | | | | | | |
| TOTAL IND. | 8 | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 44 | ← | | ← | | ← |
| TOTAL CLAIMS | 52 | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | | | | | |
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| 100 | | | | | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |